

Please complete in typescript, or in bold black capitals.

Return of Allotment of Shares

CHFP005					
Company Number	4725042				
Company Name in full	ACSIS CONSULTANTS LIMITED				
Shares allotted (including bonus	s shares):				
	From To				
Date or period during which	Day Month Year Day Month Year				
shares were allotted (If shares were allotted on one date enter that date in the "from" Box).	0 9 0 4 2 0 0 3				
Class of Shares					
(ordinary or preference etc).	ORDINARY "A"				
Number allotted	99				
Nominal value of each share	£I				
Amount (if any) paid or due on each share (including any share premium)	£ 1				
List the names and addresses of the a	liottees and the number of shares allotted to each overleaf				
If the allotted shares are fully or p	partly paid up otherwise than in cash please state:				
% that each share is to be treated as paid up					
Consideration for which the shares were allotted (This information must be supported by the duly stamped contract or by the duly stamped particulars on Form 88(3) if the contract is not in writing)					



A14 COMPANIES HOUSE 28/04/03 When you have completed and signed the form send it to the **Registrar of Companies at:**

Companies House, Crown Way, Cardiff CF14 3UZ for companies registered in England and Wales

DX 33050 Cardiff

Companies House, 37 Castle Terrace, Edinburgh EH1 2EB for companies registered in Scotland

DX 235 Edinburgh

88(2) (Side 2)

Shareholder details	Shares and share cla	Shares and share class allotted	
Name	Class of shares allotted	Number alloted	
ALAN FREDERICK CRISP Address			
77 LIMMER LANE FELPHAM	ORDINARY "A"	99	
BOGNOR REGIS WEST SUSSEX		 [
UK PostCode ρ σ 2 2 7 L F			
Name	Class of shares allotted	Number alloted	
L			
Address			
		<u> </u>	
UK PostCode		L	
Name	Class of shares	Number	
t t	allotted	alloted	
Address			
		<u> </u>	
		<u> </u>	
UK PostCode		<u> </u>	
Name	Class of shares allotted	Number alloted	
Address			
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		L	
UK PostCode			
Name	Class of shares allotted	Number alloted	
Address			
UK PostCode			
Please enter the number of continuation sheet(s) (if any) atta	ached to this form		
Signed Cing	Date	03	
A director / secretary / administrator / edministrative receiver / receiver main	nager / receiver Please del	ete as appropriate	

Please give the name, address, telephone number and, if available, a DX number and Exchange of the person Companies House should contact if there is any query.

M.E.FR	EDRICKS	LTD	, 98	LONDON	ROAD	
BOGNOR REGIS, WEST SUSSEX						
Pozi	IDA	Tel	01243	82020	4	
DX Number	DX Exchange					